



SEND TO: STATE DEPARTMENT OF HEALTH
INDOOR AND RADIOLOGICAL HEALTH BRANCH
LEAD BASED PAINT SECTION
591 ALA MOANA BOULEVARD, #133
HONOLULU, HI 96813
PHONE (808) 586-5800 FAX (808) 586-5811

Comments: _____

A. Type of Notification (choose one): Original Updated Cancellation		
B. Emergency Notification (circle one) No Yes (If yes, include documentation showing evidence of an EBL determination or a copy of the Federal/State/Tribal/Local emergency abatement order.)		
C. Activity start and end dates (Specify the dates you will begin and end lead-based paint activity. If necessary, estimate end date using your best professional judgement.) Start date (mm/dd/yy): _____ End date (mm/dd/yy): _____		
D. Description of Activity (This section relates to the building where abatement work will be performed.)		
Type of Building (circle one): Single Family Dwelling Multi-Family Dwelling Child-Occupied Facility		
Property Name (if applicable): _____		
Street Address: _____		
City: _____	State: _____	Zip Code: _____
Square footage/acres to be abated: _____		
Write brief description of abatement project to be performed. (Enclose additional paper if necessary)		
E. Firm Information		
Name: _____	Certification Number: _____	
Street Address: _____		
City: _____	State: _____	Zip Code: _____
Phone Number: _____		
F. Certified Supervisor's Information		
Name: _____		
State Certification Number: _____		Expiration Date: _____
G. Firm Affirmation (Please note that this form is incomplete without a signature.)		
I hereby attest and affirm that the information included on this notification form is true and accurate to the best of my belief and knowledge. I acknowledge that any approval authorized pursuant to this notification will be subject to revocation if issuance was based on incorrect or inadequate information that materially affected the decision to issue the approval.		
Name: _____		Title: _____
Signature: _____		Date Signed: _____